

UNITED STATES DISTRICT COURT FOR  
THE DISTRICT OF NEW HAMPSHIRE

IMS HEALTH INCORPORATED, a Delaware )  
corporation; and VERISPAN, LLC, a Delaware )  
limited liability company, )

Plaintiffs, )

vs. )

Case No. 06-CV-280-PB

KELLY A. AYOTTE, as Attorney General of )  
the State of New Hampshire, )

Defendant. )  
\_\_\_\_\_ )

Declaration of Thomas P. Wharton Jr., M.D., F.A.C.C  
in Support of Plaintiffs' Motion for Preliminary Injunction

I, Thomas P. Wharton, Jr., M.D., F.A.C.C, hereby declare under penalty of perjury that the following is true and correct:

1. I am over 18 years of age and have personal knowledge of the information provided in this declaration.

2. I am a licensed medical doctor practicing at Exeter, New Hampshire. My practice specializes in cardiology. I have practiced in this capacity for 30 years. A copy of my curriculum vitae is attached.

3. I am chief of the Section of Cardiology and Director of the Cardiac Catheterization Laboratory at Exeter Hospital in New Hampshire.

4. I am a former Governor of the New Hampshire Chapter of the American College of Cardiology and past President of the Tri-State Chapter of the American College of Cardiology. I have been practicing cardiology in Exeter and Portsmouth, New Hampshire, since 1991 when I moved to New Hampshire from Boston.

5. I have conducted several studies of angioplasty as treatment for heart attacks at community hospitals, and have written numerous papers and textbook chapters. I have lectured widely in the U.S. and abroad, and have contributed to setting up many new angioplasty programs for heart attack patients at community hospitals.

6. I have worked with many cardiologists in several states and countries who are changing local regulations to improve the delivery of primary angioplasty to the community.

7. I received a bachelor of science degree, magna cum laude, from Yale University in 1967 and an M.D. from Washington University School of Medicine, St. Louis in 1971.

8. I trained at the Brigham and Women's Hospital in Boston.

9. Before accepting the position at Exeter Hospital, I was an interventional cardiologist at St. Elizabeth's Hospital in Boston, where I was Assistant Professor of Medicine at Tufts University.

10. I have not asked the American Medical Association to prevent the disclosure of my prescription data to pharmaceutical company sales representatives through the AMA's Prescribing Data Restriction Program.

11. As part of my practice, I receive approximately 50 patients per week, most of whom live in the state New Hampshire. The majority of my patients are individuals who suffer from cardiovascular disorders.

12. On average, I write approximately 50 prescriptions per week. Prescription writing generally occurs at the end of a patient encounter and must be done expeditiously, given the high number of patients who need medical assistance. Prescription writing is a

complex task because the task demands both detailed knowledge of the patient's care and of drug usage, drug interactions, and current national Practice Guidelines for appropriate treatment of cardiovascular disorders. Treatment protocols are increasingly complex, and healthcare providers, like myself, are responsible for ensuring that medications are prescribed appropriately and without adverse interactions. My goal is always to prescribe the most appropriate, disease-specific medication in a safe and cost-effective manner. To do this, I must be able to prescribe in the context of all medications a patient takes, including those prescribed by other physicians in the community. In addition to indications, contraindications, and potential side effects, I must also be aware of drug-drug, drug-age, drug-allergy interactions, and which medications are covered by the patient's insurance. This process has become increasingly complex over the years, as the number of new medications increases each year with new entries for each class of drugs and new classes for each disease, and as treatment Guidelines are continually updated. Each drug has its unique indications, contraindications, cross reactivity, complications, and costs.

13. The decision on which drug to prescribe to a particular patient is dictated by my past experiences with using the drugs, coupled with unbiased information about them from reliable sources, such as reports from medical journals, and Practice Guidelines issued by the American College of Cardiology, the American Heart Association, and other medical organizations. In addition, I welcome information given to me by pharmaceutical sales representatives who visit my office on a regular basis. I recognize that pharmaceutical sales representatives are attempting to make a profit for their employers, but they often have excellent information about the products they are

selling, including specific testing information that I might not otherwise learn about, recent reports of scientific studies in peer-reviewed medical journals, and recent updates of national Guidelines. They also provide FDA-mandated prescribing information for all drugs they discuss. I have found the information they provide to be a valuable additional source of information about new drugs that I use in combination with my experience and my academic knowledge. In my practice, I and my 4 other cardiologist partners interact with sales representatives approximately twice a week and find the discussions intellectually stimulating because they often make me aware of very good data which has been recently published in peer-reviewed medical journals that challenges my thinking about what I should prescribe. In these discussions, my partners and I exchange information and challenge each other and the pharmaceutical representatives about our respective practice patterns. These discussions are always educational. I try to stay current in terms of new developments, but there is so much literature available that it is difficult to stay on top of all new developments. I can provide numerous specific examples of how pharmaceutical sales representatives have been helpful to me and my partners in calling new scientific and economic information and new Guidelines to our attention. In my opinion, the patient always wins when I make decisions about their health based on multiple sources of the most up-to-date published scientific information and the latest information on drug cost and formulary status rather than based on limited or absent information. I do not believe that my professional judgment is negatively affected or impaired when I consider the published information, Practice Guidelines, and local cost and formulary data given to me by pharmaceutical sales representatives. Mere sales pitches can not and do not influence me or the physicians I know to start prescribing

drugs.

14. Whenever I instruct a patient to switch from using a generic drug to a new drug, I do so based on my professional judgment that the new drug will work better than the old drugs in terms of benefit, relief, side effects and long-term overall cost-effectiveness. I do not switch from one drug to another solely on the basis of sales pitches.

15. I understand that pharmaceutical sales representatives who visit my office are familiar with my prescribing behavior because information about the prescriptions I write is sold by the pharmacies who fill my patients' prescriptions to third parties and that the sales representatives use that information in framing their presentations to me. I believe that this is very useful because it allows pharmaceutical companies and their sales representatives to inform me about whether I am at any given time prescribing products that may be less effective, less safe, less economical, or not in compliance with current Practice Guidelines compared to newer products that may be more effective, safer, more economical, or more in compliance with Practice Guidelines. Some of the drugs that the pharmaceutical companies have developed in recent times are nothing less than miraculous in terms of the outcomes that they produce. It is critical for doctors to learn about the latest studies and Guidelines in support of these products as soon as possible so that they can decide whether they are appropriate for their patients. I believe that this can be facilitated when sales representatives have complete information about not only my prescribing practices, but also about the prescribing practices of my peers. I also believe that many of the physicians that refuse to interact with sales representatives may be generally less-informed about current advances in pharmacology and slower to adopt the

newest best practices.

16. In the course of my practice, I have discussed with many other medical doctors in the specialty of cardiology and in many other medical specialties their experiences with sales representatives from pharmaceutical companies and through this contact have formed an opinion that medical doctors:

a. Do and should rely on numerous sources of information in order to make prescription decisions. Pharmaceutical company sales representatives are just one of these many sources.

b. Do and should find it useful that pharmaceutical sales representatives can access data regarding their individual prescribing practices because this (1) helps to ensure that the sales representatives are providing doctors only with information about products that are relevant to their practices, and (2) helps point out to doctors if they may be prescribing products that are not as useful to patient health or as economical or as consistent with the latest Practice Guidelines as other products.

c. Are not in any way more easily influenced by pharmaceutical sales representatives to prescribe drugs that are not in the doctors' patients best interests because the sales representatives are able to access information about individual doctors' prescribing practices. Doctors are professionally, ethically and legally obligated to make decisions that are in the best interest of the patient based on the most up-to-date scientific and economic information. Doctors are likewise obligated to do everything they can to stay abreast of this most current information.

d. Do not and should not expect that information in their prescriptions about their prescribing practices will be kept private. Just the opposite, they do and

should expect that their patients will share the information with the patients' other physicians, and with friends, family, and others; that third party payors will track their utilization of guidelines-based therapies in each individual insured patients, that pharmacies and other similar entities will make the information available to health information companies that aggregate, analyze, and sell the data for research purposes, and that the data will be made widely available to academic researchers, government agencies, pharmaceutical companies and other entities interested in understanding and improving public health. Doctors who do not share these expectations, in my opinion, are not fulfilling their professional obligation to put their patients' and the public's interest in better healthcare above their own interests in maintaining the privacy of their prescription decisions.

Executed on July 20, 2006, in North Hampton, New Hampshire.

s/ Thos. Wharton

Thomas P. Wharton Jr., M.D., F.A.C.C.

## **CURRICULUM VITAE**

### **THOMAS PARKER WHARTON JR, MD, FACC, FSCAI**

EXETER CARDIOVASCULAR ASSOCIATES  
PERRY MEDICAL BUILDING, SUITE 101  
3 ALUMNI DRIVE, EXETER, NH. 03833

#### **Education:**

1971 M.D.—Washington University School of Medicine, St. Louis, Missouri  
1967 B.S. —Yale University [Magna Cum Laude], Engineering and Applied Science

#### **Postgraduate Training:**

1975-76 Research Fellow in Cardiology, Peter Bent Brigham Hospital, Boston, MA  
1974-75 Clinical Fellow in Cardiology, Peter Bent Brigham Hospital, Boston, MA  
1972-74 Resident in Internal Medicine, Peter Bent Brigham Hospital, Boston, MA  
1971-72 Intern in Internal Medicine, Peter Bent Brigham Hospital, Boston, MA

#### **Certification:**

2003 Diplomate, American Board of Internal Medicine, Subspecialty of  
Interventional Cardiology  
1977 Diplomate, American Board of Internal Medicine, Subspecialty of  
Cardiovascular Disease  
1974 Diplomate, American Board of Internal Medicine  
1972 Diplomate, National Board of Medical Examiners

#### **Licensure:**

1991	New Hampshire	License No. 8652
1971	Massachusetts	License No. 36500

#### **Current Appointments:**

1999- Chief, Section of Cardiology, Exeter Hospital, Exeter, NH  
1996- Staff Cardiologist, Frisbie Memorial Hospital, Rochester, NH  
1992- Director, Cardiac Catheterization Laboratory, Exeter Hospital, Exeter, NH  
1991- Staff Cardiologist, Portsmouth Regional Hospital, Portsmouth, NH

#### **Previous Appointments:**

1991-95 Medical Director, Cardiac Rehabilitation Program, Exeter Hospital, Exeter, NH  
1991-99 Staff Cardiologist, Catholic Medical Center, Manchester, NH  
1982-91 Director, Cardiac Rehabilitation Program, St. Elizabeth's Hospital, Boston, MA  
1985-91 Associate Director, Cardiac Catheterization Laboratory, St. Elizabeth's Hospital, Boston, MA  
1976-91 Assistant Professor of Medicine, Tufts University School of Medicine, Boston, MA



- 1976-82 Director, Cardiac Catheterization Laboratory, U.S. Veterans Administration Medical Center, Boston, MA
- 1977-82 Lecturer in Medicine, Boston University School of Medicine, Boston, MA

### **Memberships and Leadership Positions:**

- 2004- New Hampshire Medical Society
- 2003- Fellow, Society for Cardiovascular Angiography and Interventions
- 1999-2002 Governor, New Hampshire Chapter, American College of Cardiology
- 2000-2001 President, Northern New England Tri-State Chapter, American College of Cardiology
- 1999-2000 Secretary-Treasurer, Northern New England Tri-State Chapter, American College of Cardiology
- 1996- Fellow, American College of Cardiology
- 1974- American Heart Association
- 1986-92 Massachusetts Medical Society
- 1986-93 American Medical Association
- 1968- Southern Medical Society

### **Committees:**

- 2002- Quality Assurance Committee, Exeter Hospital, Exeter, NH
- 2002- Political Action Committee, American College of Cardiology
- 2002- Board of Governors Nominating Committee, American College of Cardiology
- 2000-2002 Coding and Nomenclature Committee, American College of Cardiology
- 1999-2002 State Government Relations Subcommittee, American College of Cardiology
- 1996-2001 Coronary Unit Design Committee, Exeter Hospital
- 1994-1998 Technology Assessment Group, Exeter Hospital
- 1992-93 Procedure Review Committee, Exeter Hospital
- 1991-92 Intensive Care Unit Committee, Portsmouth Regional Hospital
- 1990-91 Grievance Committee, Tufts University School of Medicine
- 1990-91 Quality Assurance Committee, St. Elizabeth's Hospital
- 1989-92 Human Studies Committee, St. Elizabeth's Hospital
- 1987-89 Chairman, Code-99 Review Committee, St. Elizabeth's Hospital

### **Honors and Awards:**

- 2006 Tied for "Top Cardiologist," New Hampshire Magazine poll of NH physicians.
- 2005-06 Selected by peers for "Best Doctors in America" database, awarded to 4% of US physicians by nationwide physician survey.
- 2004 Tied for "Top Cardiologist," New Hampshire Magazine poll of NH physicians.
- 1975-76 NIH Individual Research Fellowship Award, Internal Medicine
- 1971 Alpha Omega Alpha Honor Medical Society, Washington University
- 1971 Medical Fund Society Prize in Medicine, Washington University
- 1967-71 Jackson Johnson Regional Scholarship, Washington University
- 1967 Magna Cum Laude, Yale University
- 1966 Phi Beta Kappa, Yale University (President, Senior Year)
- 1964 New York Yale Club Award -- Top Ten, Freshman Class

### **Other Professional and Academic Activities:**

1. National Associate Investigator, AIR PAMI/No S.O.S Infarct Angioplasty Protocol, and Principal Investigator, Exeter and Portsmouth Regional Hospitals, Exeter and Portsmouth, NH
2. Principal Investigator, PAMI -2 Infarct Angioplasty Protocol, Exeter and Portsmouth Regional Hospitals, Exeter and Portsmouth, NH
3. Principal Investigator, GUSTO Thrombolysis-MI Protocol, St. Elizabeth's Hospital, Boston, MA
4. Principal Investigator, ISIS-3 Thrombolysis-MI Protocol, St. Elizabeth's Hospital, Boston, MA
5. Principal Investigator, ProUrokinase Thrombolysis-MI Protocols (2), St. Elizabeth's Hospital, Boston, MA
6. Lecturer, Physical Diagnosis Course, Tufts University, Boston, MA; 1990.
7. EKG Course for medical students and hospital residents, Tufts University, Boston, MA; 1982-1991.
8. Consultant, Doylestown Hospital, Doylestown PA, regarding petition to the State of Pennsylvania Department of Health to revise state regulations prohibiting the performance of primary angioplasty at non-surgical hospitals, 1997.
9. Consultant, Overlook Hospital, Summit, NJ, regarding petition to the State of New Jersey Department of Health to provide exemption to Overlook Hospital from state regulations prohibiting the performance of primary angioplasty at non-surgical hospitals, 1998.
10. Consultant, Country of Holland, regarding writing national regulations for the performance of primary angioplasty at non-surgical hospitals 1998.
11. Chairman, Interventional Cardiology: Controlling Costs and Improving Outcomes. Cambridge Health Resources Symposium, Orlando, FL, January 25-26, 1999.
12. Consultant, Jane Phillips Medical Center, Bartlesville, OK, regarding evaluation of their interventional program without cardiac surgery on site, 2000.
13. **Peer reviewer, ACC/AHA Guidelines for PCI, 2001 Revision.**
14. Primary reviewer, ACC Clinical Expert Consensus Document, "Standards for Acquisition, Measurement, and Reporting on Intravascular Ultrasound Studies," 2000.
15. Consultant, Waterbury Health Care, Waterbury, CT, regarding their application for a Certificate of Need to perform primary and elective PTCA at two Waterbury hospitals without on-site cardiac surgery, 2000.

16. Peer reviewer, Cardiac Care Network of Ontario Report of Expert Panel on Invasive Cardiology, 2001.
17. Consultant, Bon Secours Hospital, Venice, FL, regarding their application for a Certificate of Need to perform cardiac surgery, 2001.
18. Consultant, Martin Memorial Hospital, Stuart, FL, regarding their application for a Certificate of Need to perform cardiac surgery, 2001.
19. Consultant, New Jersey Department of Health, regarding standards for primary and elective PTCA at New Jersey hospitals without onsite cardiac surgery, 2001.
20. Consultant, DataScope Corporation, 2001 - present.
21. Consultant, Accumetrics Corporation, 2001.
22. Consultant, Michigan Primary Angioplasty Coalition, regarding their application to the Certificate of Need Committee of the Michigan Department of Health to modify standards for primary PTCA at hospitals without onsite cardiac surgery, 2001.
23. Editorial Board, Critical Pathways in Cardiology Journal, 2001 to present.
24. Consultant, coalition of Pennsylvania Hospitals without onsite cardiac surgery, regarding their application for a variance to state statute which would permit primary PTCA, 2002.
25. Consultant, Verde Valley Medical Center, Cottonwood, AZ, regarding evaluation of their interventional program without cardiac surgery on site, 2002.
26. Consultant, Uniontown Hospital, Uniontown PA, helping them to establish and implement a program to provide emergent and elective coronary intervention at a hospital with off-site cardiac surgical backup, 2002.
27. Consultant, Maryland Health Care Commission, which is considering changes to the state's policy on PCI: 1) use of primary PCI at community hospitals, 2) changing EMS transfer schemes to triage patients to primary PCI hospitals, and 3) performance of elective PCI at hospitals without surgical backup. 2003.
28. Consultant, Herman Hospitals Network, Houston, TX, regarding establishing primary and elective PTCA programs, 2003.
29. External reviewer, Pascack Valley Hospital, Westwood, NJ, to evaluate the overall quality of care and performance of their facility and staff in providing full cardiac catheterization services.
30. Consultant, PCI Project, United Hospital Center, Clarksburg, WV, helping to establish and implement a program to provide emergent and elective coronary intervention at a hospital with off-site cardiac surgical backup, 2003.

31. Consultant, Community Hospitals of Ohio, in their petition to the state to grant Certificates of Need for qualified community hospitals to perform coronary intervention, 2003.
32. External reviewer, Overlook Hospital, Summit, NJ, (1) to evaluate the overall quality of care and performance of their facility and staff in providing full cardiac catheterization services, and (2) to evaluate the performance and outcomes of their acute coronary intervention program. 2003.
33. Consultant, South Metro Hospital, Denver, CO, regarding establishing and implementing a program to provide emergent and elective coronary intervention at a hospital with off-site cardiac surgical backup, 2003.
34. Consultant, Lawrence Memorial Hospital, Lawrence, Kansas, regarding establishing and implementing a program to provide emergent and elective coronary intervention at a hospital with off-site cardiac surgical backup, 2003.
35. Consultant, T.J. Samson Community Hospital, Glasgow, KY, regarding establishing and implementing a program to provide emergent and elective coronary intervention at a hospital with off-site cardiac surgical backup, 2003.
36. Consultant, Regional Cardiac Care Network, PA, regarding their petition to the state Department of Health to establish and implement a program to provide emergent and elective coronary intervention at a hospital with off-site cardiac surgical backup, 2003.
37. Peer reviewer, Cardiac Care Network of Ontario Report of Target Setting for Revascularization Procedure Capacity, 2003.
38. Consultant, Mt. Nittany Medical Center, State College, PA, regarding their petition to the state Department of Health to establish and implement a program to provide emergent and elective coronary intervention at a hospital with off-site cardiac surgical backup, 2003.
39. Consultant, St. Luke Hospital, Lexington, KY, regarding their petition to the state Department of Health to establish and implement a program to provide emergent coronary intervention at a hospital with off-site cardiac surgical backup, 2004.
40. Consultant, Stamford Hospital, Stamford, CT, regarding their petition to the state Department of Health to establish and implement a program to provide emergent coronary intervention at a hospital with off-site cardiac surgical backup, 2004.
41. Peer manuscript reviewer, Journal of the American College of Cardiology – 2001-present.
42. Peer manuscript reviewer, American Journal of Cardiology, 2004-present.
43. Peer manuscript reviewer, Mayo Clinic Proceedings, 2004-present.

44. Abstract Reviewer, Transcatheter Cardiovascular Therapeutics Conference, September, 2004 – 43 abstracts reviewed.
45. External Reviewer, American College of Cardiology National Cardiovascular Data Registry, Data Collection Form Update, 2004.
46. Consultant, Corazon Corporation, 2004 - present.
- 47. Reviewer, Interventional Cardiology Board Certification Examination Questions, American Board of Internal Medicine, 2005.**
48. Peer manuscript reviewer, Critical Pathways in Cardiology, 2005-present.

### **Manuscripts:**

1. Potchen E, Davis D, Wharton TP Jr, Hill R, Taveras, J. Regional cerebral blood flow in man: I. A study of the <sup>133</sup>Xenon washout method. Arch Neurol 1969;20:378-83.
2. Adatepe M, Penkose P, VanAmburg A, Wharton TP Jr, Potchen E. Red cell and plasma protein labeling with <sup>113m</sup>Indium. Int J Appl Rad Isotopes 1971;22:498-501.
3. Wharton TP Jr, Cohn PF, Sloss LJ, Angoff GH. Clinical and angiographic implications of a depressed echocardiographic ejection fraction in coronary disease. Cath Cardiovasc Diag 1977;3:259-66.
4. Cohen IS, Wharton TP Jr, Neill WA. Pathophysiologic observations on premature opening of the aortic valve utilizing a technique for multiplane echocardiographic analysis. Am Heart J 1979;97:766-72.
5. Wharton TP Jr, Neill WA, Oxendine JM, Painter LN. Effect of duration of regional myocardial ischemia and degree of reactive hyperemia on the magnitude of the initial 201 Thallium defect. Circulation 1980;62:516-21.
6. Neill WA, Wharton TP Jr, Fluri-Lundeen J, Cohen IS. Acute coronary insufficiency - coronary occlusion after intermittent ischemic attacks. N Engl J Med 1980;302:1157-62.
7. Cohen I, Wharton TP Jr. "Duplication" of an aortic cusp: A new M-mode echocardiographic sign of intimal tear in aortic dissection. Br Heart J 1980;42:173.
8. Cohen IS, Widrich W, Duchin KL, Wharton TP Jr, Fluri-Lundeen J, Hargus SM. Acute electrophysiologic effects of nadolol (Corgard<sup>R</sup>). J Clin Pharmacol 1983;23:93-9.
9. Cohen IS, Fluri-Lundeen J, Wharton TP Jr. Two dimensional echocardiographic similarity of Fabry's disease to cardiac amyloidosis: A function of ultrastructural analogy? J Clin Ultrasound 1983;11:437-41.

10. Loscalzo J, Wharton TP Jr, Kirshenbaum J, Levine H, Flaherty J, Topol E, Ramaswamy K, Kosowsky B, Salem D, Ganz P, Brinker J, Gurewich V, Muller J. Clot selective thrombolysis with pro-urokinase. *Circulation* 1989;72:776-82.
11. Stone GW, Marsalese D, Brodie BR, Griffin JJ, Donohue BC, Constantini C, Balestrini C, Wharton TP Jr, Esente P, Spain M, Moses J, Nobuyoshi M, Ayres M, Jones D, Mason D, Grines L, O'Neill WW, Grines CL, on behalf of the PAMI-II Trial Investigators. A prospective randomized evaluation of prophylactic intraaortic balloon counterpulsation in high risk patients with acute myocardial infarction treated with primary angioplasty. *J Am Coll Cardiol* 1997;29:1459-67.
12. Grines C, Marsalese D, Brodie B, Griffin J, Donohue B, Constantini C, Balestrini C, Stone G, Wharton TP Jr, Esente P, Spain M, Moses J, Nobuyoshi M, Ayres M, Jones D, Mason D, Sachs D, Grines L, O'Neill W for the PAMI-II Investigators. Safety and cost-effectiveness of early discharge after primary angioplasty in low risk patients with acute myocardial infarction. *J Am Coll Cardiol* 1998;31:967-72.
13. Wharton TP Jr, McNamara NS, Fedele FA, Jacobs MI, Gladstone AR, Funk EJ. Primary angioplasty for the treatment of acute myocardial infarction: Experience at two community hospitals without cardiac surgery. *J Am Coll Card* 1999;33:1257-65.
14. DeGeare VS, Stone GW, Grines L, Brodie BR, Cox DA, Garcia E, Wharton TP, Boura JA, O'Neill WW, Grines, CL. Angiographic and clinical characteristics associated with increased in-hospital mortality in elderly patients with acute myocardial infarction undergoing percutaneous intervention (a pooled analysis of the primary angioplasty in myocardial infarction trials). *Am J Cardiol* 2000;86:30-4.
15. Wharton TP Jr, Grines LL, Turco MA, Johnston JD, Souther J, Lew DC, Shaikh AZ, Bilnoski W, Singhi SK, Atay AE, Sinclair N, Shaddinger DE, Barsamian M, Graham M, Boura J, Grines CL. Primary angioplasty in acute myocardial infarction at hospitals with no surgery on-site (the PAMI No SOS study) versus transfer to surgical centers for primary angioplasty. *J Am Coll Card* 2004;43:1943-50.

### **Textbook Chapters:**

1. Wharton TP Jr. Pulmonary arterial catheterization for diagnosis and treatment of critically ill patients. In: MacDonnell K, Fabey P, Segal M, editors. *Respiratory Intensive Care*. Little Brown and Co, 1987.
2. The Cardiology Roundtable: Myocardial Infarction: Toward a Higher Standard of Care. The Advisory Board Co, 1998. Wharton TP Jr, advisor.
3. McNamara NS, Wharton TP Jr. Critical pathways for primary angioplasty in acute myocardial infarction at community hospitals without cardiac surgery. In: Cannon C, O'Gara P, editors. *Critical Pathways in Cardiology*. Philadelphia, PA: Lippincott Williams & Wilkins, 2001:67-94.

4. Wharton TP Jr, McNamara NS. Primary angioplasty in community hospitals without on-site cardiac surgery. In: Tchong JE, editor. Contemporary Cardiology: Primary Angioplasty in Acute Myocardial Infarction. Totowa, NJ: Humana Press Inc, 2002:65-91.
5. Wharton TP Jr, McNamara NS. Expanding the access to coronary intervention for patients with acute coronary syndromes admitted to community hospitals. In: Cannon, C, editor. Acute Coronary Syndromes. Totowa, NJ: Humana Press Inc, 2002, 315-331.
6. Wharton TP Jr, McNamara NS. Primary Angioplasty in acute myocardial infarction at community hospitals without cardiac surgery. In **Harrison's ONLINE**. Edited by Braunwald E, Fauci A, Isselbacher K. Columbus, Ohio: Medical Publishing Division of McGraw-Hill Companies. 2003.
7. Sinclair N, Wharton TP Jr. Critical pathways for primary angioplasty in acute myocardial infarction at community hospitals without cardiac surgery. In: Cannon C, O'Gara P, editors. Critical Pathways in Cardiology 2<sup>nd</sup> Edition. Philadelphia, PA: Lippincott Williams & Wilkins, In Press

#### **Invited Articles, Reviews, Editorials, and Audiotape Interviews:**

1. Amsterdam E, Lakier J, Wharton TP Jr. Managing MI in the community hospital. Patient Care 1996;30:26.
2. Overlie PA, Grines CL, Ayres M, Brodie B, Griffin JJ, Holmes DR, O'Neill WW, Stone GW, Weaver WD, Wharton TP Jr. Direct PTCA: A Panel Discussion. J Invasive Cardiol 1997;9(SupplB):53B-58B.
3. Wharton TP Jr. Primary PTCA primed for AMI at community hospitals. Editorial. Medical Tribune 1998;39 No.10:11.
4. Wharton TP Jr. Point-counterpoint: should primary angioplasty be performed only at hospitals with open-heart surgery? No. Physicians Weekly 1998;15:25.
5. Wharton TP Jr. To cath or not to cath for non-Q-wave MI's. Editorial. Medical Tribune 1998;39 No.11:20.
6. Wharton TP Jr, McNamara NS. Primary angioplasty in the community hospital without on-site heart surgery: Current state-of-the art. J Cardiovasc Reviews and Reports 1999;10:545-551.
7. Wharton TP Jr, McNamara NS. Primary angioplasty should become the standard-of-care at qualified hospitals without on-site cardiac surgery. J Intervent Cardiol 2000;13:145-51.
8. McNamara NS, Wharton TP Jr. Primary Angioplasty At Community Hospitals In the 21st Century: Now The Treatment of Choice for Myocardial Infarction at Qualified Hospitals Without Cardiac Surgery. Cath Lab Digest November 2000.

9. McNamara NS, Wharton TP Jr. Response to Dr. Ryan: Primary Angioplasty is the Benchmark for the Treatment of AMI and Needs Broader Accessibility. Cath Lab Digest December 2000.
10. Wharton TP Jr, McNamara NS. Is it Time For Qualified Community Hospitals to Consider Non-Emergent Coronary Intervention Without Cardiac Surgery? Cath Lab Digest March 2001.
11. Wharton TP Jr, McNamara NS. Management of acute coronary syndromes in the community hospital without cardiac surgery: how can access to interventional therapy be improved? American Journal of Cardiovascular Drugs, 2001;1:375-85.
12. Wharton TP Jr. Acute myocardial infarction intervention should be performed in select hospitals without surgical back-up. Accel audiotape interview, 2002;34 no.7.
13. McNamara NS, Wharton T. Critical pathways for primary angioplasty in acute myocardial infarction at community hospitals without cardiac surgery. Crit Pathways in Cardiol. June 2002; 74-106.
14. McNamara NS, Wharton TP Jr., LaRochelle T, DeBoard D. Utilization of intra-aortic balloon counterpulsation in patients with acute myocardial infarction that present to community hospitals. Crit Pathways in Cardiol 2002; Volume 1, Number 3
15. Wharton TP Jr., McNamara NS. Evidence and Rationale For Percutaneous Coronary Intervention at Qualified Hospitals with Off-Site Cardiac Surgical Backup. J Cardiovasc Manag 2003;14:11-16.
16. Wharton TP Jr. How to set up an optimal community hospital angioplasty program. Accel audiotape interview 2005;37 no.12. (in preparation)
17. Wharton TP Jr. Nonemergent percutaneous coronary intervention with off-site surgery backup: an emerging new path to access. Crit Pathways in Cardiol 2005;4:98-106.
18. Wharton TP Jr., Burns, J. e-Consulting helps rural-community hospitals get in the CV game. Feature article, Cath Lab Digest October 25, 2005.
19. Wharton TP Jr. Controversies in Cardiovascular Medicine: Should patients with acute myocardial infarction be transferred to a tertiary center for primary angioplasty or receive it at qualified hospitals in the community? The case for community hospital angioplasty. Circulation 2005;112:3509-3534.
20. Giugliano RP, Lewis WR, Wharton TP Jr. Managing non-ST-elevation acute coronary syndromes. Patient Care 2006;40:54-61.

## Letters to the Editor

1. Wharton TP Jr. Use of cardiac procedures in the United States and Canada [letter]. N Engl J Med 1997;337:1008.



2. Wharton TP Jr, McNamara NS, Fedele FA, Jacobs MI, Gladstone AR, Funk EJ. Reply to Kereiakes et al: Angioplasty for Acute Myocardial Infarction in Community Hospitals Without Surgical Back-Up: Response to Wharton and Angelini Publications "Should Guidelines be Changed?: Not Whether but When" [letter]. J Am Coll Card 2000;36:301-3.
3. Wharton TP Jr. The question of beta blocker use in AMI. Response to Bajina S. Patient Care 2006;XXXXXXX
4. Wharton TP Jr. Hubris vs evidence [letter] J Am Coll Card 2006; in press.

### Abstracts:

1. Potchen E, Davis D, Wharton TP Jr, Clifton J. The effect of Compton scatter on regional cerebral blood flow determinations with <sup>133</sup>Xenon. Clin Res 1967;15:410.
2. VanAmburg A, Wharton TP Jr, Wochner D, Potchen E. The binding of Indium 113m to serum protein. Clin Res 1968;16:457.
3. Wharton TP Jr, Sloss L, Cohn P. Can echocardiographic parameters reliably predict generalized left ventricular dysfunction? Circulation 1976;54(SuplII):II-111.
4. Wharton TP Jr, Neill W, Oxendine J, Painter L. Duration of regional ischemia and degree of reactive hyperemia affect magnitude of initial <sup>201</sup>Thallium defect. Circulation 1979;60:II-173.
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41. Ryan TJ Jr, Robb JF, Kellett MA Jr, Hearne MJ, Silver TM, Phillips W, Wharton TP Jr, Piper WD, Malenka DJ. Angiographic success rates with chronic total occlusions: little change despite a decade of experience. *J Am Coll Cardiol* 2006;47:252A.
42. Fitts JM, Silver TM, Hearne MJ, Ryan TJ Jr, Robb JF, Kellett MA Jr, Wharton TP Jr, Phillips W, Piper WD, Malenka DJ. Primary percutaneous coronary intervention for acute myocardial infarction in women versus men 1995-2004. *J Am Coll Cardiol* 2006;47:184A.

#### **Invited Lectures (Most Recent 11 Years):**

1. "Primary Angioplasty in Acute Myocardial Infarction." Cardiology Symposium, Waterville Valley, NH, February 1995.
2. "A Community Hospital Experience with Primary Angioplasty." Cardiology Grand Rounds, Tufts University--New England Medical Center, Boston, MA, September 19, 1995.
3. "Primary Angioplasty: The Treatment of Choice for Acute M.I.?" Cardiac Surgery Rounds, Catholic Medical Center, Manchester, NH, January 1996.
4. "Direct PTCA in Acute Myocardial Infarction." Symposium Faculty Panelist, Transcatheter Cardiovascular Therapeutics Convention; Washington DC, February 29, 1996.
5. "Is Primary PTCA the Treatment of Choice for Acute M.I.? Evidence From PAMI, GUSTO, and Community Hospitals." Metro West Medical Center, Framingham, MA, April 16, 1996.
6. "GUSTO, PAMI, and Primary Angioplasty at Community Hospitals Without Heart Surgery." Cardiology Symposium, St. James Hospital and Health Centers, Chicago Heights, IL, June 1, 1996.
7. "Primary Angioplasty: A Community Hospital Experience." Cardiology Rounds, Lahey Clinic, Burlington, MA, July 18, 1996.
8. "Primary PTCA Is the Treatment of Choice for Acute M.I. Evidence From PAMI, GUSTO, and Exeter-Across-The-Sea." Western England Regional Cardiology Conference, Exeter Hospital, Exeter, England, September 19, 1996.

9. "Primary Angioplasty and Lytic Therapy in Acute Myocardial Infarction Without On-Site Surgical Support: Evidence from PAMI, GUSTO, and Community Hospitals." Cardiology Symposium, New Britain General Hospital, New Britain, CT, October 28, 1996.
10. "Is Primary PTCA the Treatment of Choice for Acute M.I.? Evidence From PAMI, GUSTO, and Community Hospitals." Medical Grand Rounds, Portsmouth Regional Hospital, Portsmouth, NH, October 1, 1996.
11. "Is Primary PTCA the Treatment of Choice for Acute M.I.? Evidence From PAMI, GUSTO, and Community Hospitals." Medical Grand Rounds Elliot Hospital, Manchester, NH, October 17, 1996.
12. "A Community Hospital Experience With Primary PTCA." Medical Grand Rounds, Anna Jacques Hospital, Newburyport MA, October 21, 1996.
13. "Primary Angioplasty and Lytic Therapy in Acute Myocardial Infarction Without On-Site Surgical Support: Evidence from PAMI, GUSTO, and Community Hospitals." Cardiology Grand Rounds, Bay State Medical Center, Springfield, MA, November 18, 1996.
14. "GUSTO, PAMI, and Primary Angioplasty at Community Hospitals Without Heart Surgery." Parkland Hospital, Derry, NH, December 3, 1996.
15. "Is Primary PTCA the Treatment of Choice for Acute M.I.? Evidence From PAMI, GUSTO, and Community Hospitals." Medical Grand Rounds, Exeter Hospital, Exeter, NH, December 17, 1996.
16. "Is Primary PTCA the Treatment of Choice for Acute M.I. at Community Hospitals?" Medical Grand Rounds, Doylestown Hospital, Doylestown, PA, February 25, 1996.
17. "Mechanical Intervention for Acute Myocardial Infarction." Luncheon Panelist, American College of Cardiology 46th Annual Scientific Sessions, Anaheim, CA, March 17, 1997.
18. "Heart Attack: Preventing and Treating." Spring 1997 Health Education Series, Healthreach Initiative, Exeter Hospital, Exeter, NH, April 22, 1997.
19. "Interpretation of the 12-Lead EKG." 1997 Paramedic Refresher Program. Exeter Hospital, Exeter, NH, April 30, 1997.
20. "Primary PTCA: Is It the Treatment of Choice for Acute Myocardial Infarction at Community Hospitals?" Spring Symposium for Cardiopulmonary Wellness, New Hampshire Society for Cardiopulmonary Rehabilitation, Bedford, NH, May 8, 1997.
21. "Primary PTCA: A Community Hospital Experience." Eighth Annual Lahey Hitchcock Clinic Symposium on Cardiovascular Disease: State of the Art 1997, Brewster, Cape Cod, MA, June 23, 1997.

22. "Primary Intervention for Acute Myocardial Infarction at Exeter Hospital: Past, Present, and Future." Medical Grand Rounds, Exeter Hospital, Exeter, NH, October 21, 1997.
23. "Primary PTCA: Is It the Treatment of Choice for Acute Myocardial Infarction at Community Hospitals?" Medical Grand Rounds, Charlton Memorial Hospital, Fall River, MA, November 4, 1997
24. "The AIR PAMI No S.O.S.! Registry: A Progress Report." American Heart Association Satellite Conference, Orlando, FL, November 10, 1997.
25. "Primary Angioplasty: Where, How, and When?" Cardiology Fireside Panel, American College of Cardiology 47th Annual Scientific Sessions, Atlanta, GA, March 29, 1998.
26. "Primary PTCA in Centers Without Surgical Backup." Meet the Experts, American College of Cardiology 47th Annual Scientific Sessions, Atlanta, GA, April 1, 1998.
27. "PAMI No S.O.S.! Is Primary Intervention the Treatment of Choice for Acute Myocardial Infarction at Community Hospitals?" Medical Grand Rounds, St Luke's Hospital, New Bedford, MA, April 23, 1998.
28. "Is Primary Intervention the Treatment of Choice for Acute Myocardial Infarction at Community Hospitals? Evidence from the PAMI No S.O.S.! Study." Cardiology Symposium, Cardiovascular Institute of the South, New Iberia, LA, August 25, 1998.
29. "Infarct Angioplasty Without Onsite Surgery: Is It Right for Michigan?" Eleventh Annual New Directions in Myocardial Revascularization Symposium—A Live Case Demonstration Course; William O'Neill, Course Director. Hyatt Regency, Dearborn, MI, September 15, 1998.
30. "Primary Angioplasty for Acute Myocardial Infarction at Hospitals With No Surgery On Site: The Prospective Multicenter PAMI-No SOS Registry." British Cardiovascular Intervention Society Autumn 1998 Meeting. Grand Hotel, Torquay, UK, October 23, 1998,
31. "A Can of Worms Opened? Intervention for 'Trial Negative' Acute Coronary Syndromes." British Cardiovascular Intervention Society Autumn 1998 Meeting. Grand Hotel, Torquay, UK, October 23, 1998,
32. "Primary Angioplasty in Acute Myocardial Infarction with No Surgery On Site [PAMI – No S.O.S.!]: Four Exeter Presentations to the American Heart Association. Medical Grand Rounds, Exeter Hospital, Exeter NH, November 17, 1998.
33. "The Changing Role of Primary Angioplasty in The Treatment of Acute Myocardial Infarction at Community Hospitals." Medical Grand Rounds, Frisbie Memorial Hospital, Rochester, MA, December 10, 1998

34. "Primary PTCA is the Treatment of Choice for AMI at Qualified Hospitals Without Onsite Surgery: The Exeter/Portsmouth Experience." Interventional Cardiology: Controlling Costs and Improving Outcomes. Cambridge Health Resources Symposium, Orlando, FL, January 25-26, 1999.
35. "Primary PTCA at Hospitals Without Surgical Backup is Performed as Effectively and with Less Delay Compared to Tertiary Care Centers." Interventional Cardiology: Controlling Costs and Improving Outcomes. Cambridge Health Resources Symposium, Orlando, FL, January 25-26, 1999.
36. "Primary Angioplasty: Who, Where, When." Luncheon Panelist, American College of Cardiology 48th Annual Scientific Sessions, New Orleans, LA, March 10, 1999.
37. "Primary PTCA at community hospitals without surgical backup is performed as effectively and with less delay compared to tertiary care centers: Evidence from the PAMI Studies." Medical Grand Rounds, Norwood Hospital, Norwood MA, March 25, 1999
38. "Primary PTCA is the Treatment of Choice for Acute Myocardial Infarction at Qualified Hospitals Without On-Site Surgery." Medical Grand Rounds, Stamford Hospital, Stamford CT, May 5, 1999
39. "Performing PTCA in the Community Hospital." Primary PTCA: The Expert Approach. The Cardiovascular Training and Education Center at the Washington Hospital Center Symposium, Washington, DC, May 6, 1999.
40. "Properly Utilizing Adjunct Pharmacology Before, During, and After Mechanical Reperfusion Therapy." Primary PTCA: The Expert Approach. The Cardiovascular Training and Education Center at the Washington Hospital Center Symposium, Washington, DC, May 6, 1999.
41. "Primary Angioplasty in Acute Myocardial Infarction: Strategy and Logistic." Primo Seminario Internazionale—Clinica Montevergine: L'Infarto Miocardio Acuto. Symposium, Avellino, Italy, June 12, 1999
42. "Performing PTCA in the Community Hospital." Primary PTCA: The Expert Approach. The Cardiovascular Training and Education Center at the Washington Hospital Center Symposium, Washington, DC, August 17, 1999.
43. "Properly Utilizing Adjunct Pharmacology Before, During, and After Mechanical Reperfusion Therapy." Primary PTCA: The Expert Approach. The Cardiovascular Training and Education Center at the Washington Hospital Center Symposium, Washington, DC, August 17, 1999.
44. "Treatment Alternatives in Women with Acute Myocardial Infarction: Primary Angioplasty, and Primary Stenting." The Women's Cardiovascular Healthcare Initiative: Issues, Clinical Trials, and Future Directions. Transcatheter Cardiovascular Therapeutics Convention, Washington D.C., September 23, 1999.



45. "Acute Infarct Angioplasty." Moderator, Lunchtime Breakout Session. Transcatheter Cardiovascular Therapeutics Convention, Washington D.C., September 24, 1999.
46. "Primary PTCA Tips and Techniques: Roundtable Discussion with the Experts." Panelist, Concurrent Session. Transcatheter Cardiovascular Therapeutics Convention, Washington D.C., September 25, 1999.
47. "Successful Strategies for Providing Primary Angioplasty at a Community Hospital: The Exeter Hospital Experience." The Dr. Arfan Al-Hani Cardiology Symposium, St. James Hospital and Health Centers, Chicago Heights, IL, October 16, 1999.
48. "Community Hospital Approach to the Treatment of the AMI Patient: The Emerging Role of Primary Angioplasty." Optimizing Outcomes in the MI Patient: A Multidisciplinary Approach. AHA Satellite Symposium, Atlanta, GA, Nov 8, 1999
49. "Heart Attacks: How to Prevent Them, and What to Do if You Have One." Exeter Hospital Community Education Series, November 15, 1999.
50. "Primary PTCA at a Community Hospital Without On-Site Cardiac Surgery." Northern Indiana Education Foundation Continuing Medical Education Program, St. Anthony Hospital, Michigan City, IN, January 25, 2000.
51. "Primary PTCA is the Treatment of Choice for Acute Myocardial Infarction at Qualified Hospitals Without Onsite Cardiac Surgery." Valley Medical Center, Pleasanton, CA, February 10, 2000.
52. "Coronary Angioplasty Without Surgical Backup." Symposium: Coronary Intervention Problem Solving, American College of Cardiology 49th Annual Scientific Sessions, Anaheim, CA, March 13, 2000.
53. "Primary Angioplasty: Who, Where, When." Luncheon Panelist, American College of Cardiology 49th Annual Scientific Sessions, Anaheim, CA, March 15, 2000.
54. "Extending Angioplasty to Hospitals Without Cardiac Surgery." Cardiovascular Thought Leaders Summit III, William O'Neill, MD, William Beaumont Hospital, Chair, Las Vegas, NV, April 1, 2000.
55. "Treatment Alternatives in Women with Acute MI: Thrombolysis, Primary Angioplasty, or Primary Stenting." Cardiovascular Interventions: Technology at the Summit X, Aspen, CO, June 30, 2000.
56. "Primary Angioplasty I Community Hospitals Without Cardiac Surgery." Cardiovascular Interventions: Technology at the Summit X, Aspen, CO, June 30, 2000.
57. "Primary Angioplasty is the Treatment of Choice for Acute MI at Qualified Community Hospitals." Grand Rounds, Our Lady of Resurrection Hospital, Chicago, October, 2000.

58. "Controversy: PTCA in Community Hospitals.: 12<sup>th</sup> Annual Conference, Michigan Chapter, American College of Cardiology. Traverse City, MI, October 15, 2000.
59. "Acute Infarct Angioplasty and the Thrombus-Containing Lesion." Moderator, Lunchtime Breakout Session. Transcatheter Cardiovascular Therapeutics Convention, Washington D.C., October 19, 2000.
60. Primary Angioplasty: Poster Session Moderator. Transcatheter Cardiovascular Therapeutics Convention, Washington D.C., October 20, 2000.
61. "Primary Angioplasty Can Be Done At Least As Well At Hospitals Without Surgical Back-Up as in Tertiary Centers—Final Results of the PAMI-No S.O.S. Study, and a Call For New Standards. Transcatheter Cardiovascular Therapeutics Convention, Washington D.C., October 21, 2000.
62. "Angioplasty for Acute Myocardial Infarction at the Community Hospital." Medical Grand Rounds, Lowell General Hospital, Lowell, MA, March 21, 2001.
63. "Angioplasty With Off-Site Cardiac Surgery Backup: Current Data and Status." New Jersey Department of Health, September 7, 2001.
64. "Expanding Access for Primary PCI in AMI: Open It Up—Involve the Community!" Point-Counterpoint, Transcatheter Cardiovascular Therapeutics Convention, Washington D.C., scheduled September 13, 2001.
65. "AMI Intervention in Labs Without Open Heart Surgical Back-up." Symposium: Local Percutaneous Intervention for Acute Myocardial Infarction. Sponsored by Ohio Quality Cardiac Care Foundation, Ohio Chapter of the American College of Cardiology, Ohio Hospital Association, Ohio State Medical Association, Columbus, OH, September 28, 2001.
66. "Expanding the Access to Primary Angioplasty in Acute MI at Qualified Hospitals with Off-Site Cardiac Surgical Backup." Testimony before the Certificate of Needs Committee, Michigan Department of Health, Lansing, MI, December 11, 2001.
67. "Rationale for and Evolution of Percutaneous Coronary Intervention at Hospitals with Off-Site Cardiac Surgical Backup." Cardiology Meeting, Kingman Regional Medical Center, Kingman AZ, January 30, 2002
68. "Non-Emergent Coronary Intervention with Off-Site Cardiac Surgery." Medical Grand Rounds, Verde Valley Medical Center, Cottonwood AZ, February 1, 2002
69. "Primary and Non-Emergent PCI at Hospitals With Off-Site Cardiac Surgical Backup: Rationale and Evidence." Medical Conference, Overlook Hospital, Summit, NJ, February 6, 2002.
70. "Expanding Access for Primary PCI in AMI: Open It Up—Involve the Community!" Point-Counterpoint, New Jersey Interventional Cardiology Society, Summit, NJ, February 6, 2002.

71. "Acute Myocardial Infarction Intervention Should Be Performed in Hospitals Without Surgical Back-Up." Protagonist, Controversies in Interventional Cardiology. American College of Cardiology 51st Annual Scientific Sessions, Atlanta, GA, March 18, 2002.
72. "Percutaneous Coronary Intervention for Acute MI at Hospitals without Onsite Bypass Surgery." 12th Annual Meeting of the Ohio Chapter of the American College of Cardiology, Huron, OH, June 8, 2002.
73. "Trends in Community Based Cardiac Care: Primary Percutaneous Coronary Intervention (PCI) – Implications for IAB Therapy." Datascope Global Sales and Clinical Meeting, Seabrook Island, SC, July 22, 2002.
74. "Expanding Primary PCI To The Masses: A Time-Dependent Debate. Hospitals Without Surgery On Site Are A Better Way To Go!" Transcatheter Cardiovascular Therapeutics Convention, Washington D.C., September 28, 2002.
75. Discussant, Acute Myocardial Infarction Question and Answer Panel II. Transcatheter Cardiovascular Therapeutics Convention, Washington D.C., September 28, 2002.
76. "Expanding Primary PCI To The Masses." Peruvian Cardiology Interventionist Symposium, presentation by telephone with slides shown in Peru, October 18, 2002.
77. "Percutaneous Coronary Intervention with Off-Site Surgical Backup." Grand Rounds, Memorial Herman Hospital, Houston, TX, January 24, 2003.
78. "Primary and Non-Emergent PCI at Hospitals With Off-Site Cardiac Surgical Backup: Rationale and Evidence." Grand Rounds, Uniontown Hospital, Uniontown, PA, February 13, 2003.
79. "Primary PCI Is The New Standard Of Care For Acute Myocardial Infarction: Rationale And Evidence." Grand Rounds and repeated evening dinner presentation, Eastern Maine Medical Center, Lewiston, ME, March 13, 2003.
80. "Primary and Non-Emergent PCI at Hospitals With Off-Site Cardiac Surgical Backup: Rationale and Evidence." Medical Conference, The Woodlands Hospital, The Woodlands, TX. May 21, 2003.
81. "Primary and Non-Emergent PCI at Hospitals With Off-Site Cardiac Surgical Backup: Rationale and Evidence." Medical Conference, Lawrence Memorial Hospital, Lawrence, KN, June 8, 2003.
82. "Aspirin Resistance: A Commonplace Occurrence. Incidence, Consequences, and Potential New Directions for Treatment of Coronary Disease." Fisher Healthcare Conference: "The Next Adventure," Woodlands, TX, August 5, 2003.

83. Moderator, Intervention in Acute Myocardial Infarction abstract session. Transcatheter Cardiovascular Therapeutics Convention, Washington D.C., September 15, 2003.
84. Case Presenter, “Angioplasty and the Thrombus-Containing Lesion.” Transcatheter Cardiovascular Therapeutics Convention, Washington D.C., September 16, 2003.
85. “Angioplasty with Off-Site Open Heart Surgery Support: Is it Time Yet?” The Heart of Your Cardiovascular Program: Hospitals & Physicians as Partners. The Corazon Conference, Atlanta, GA, October 23, 2003.
86. “Acute Myocardial Infarction.” Luncheon Panelist, American College of Cardiology 53rd Annual Scientific Sessions, New Orleans, LA, March 8, 2004.
87. “Evidence-Based Medicine Review, and Implications of the 2004 ACC/AHA STEMI Guidelines.” Discussant, Plenary Session. Transcatheter Cardiovascular Therapeutics Convention, Washington D.C., September 27, 2004.
88. Moderator, Vascular Access and Complications abstract session. Transcatheter Cardiovascular Therapeutics Convention, Washington D.C., September 30, 2004.
89. Moderator and discussant, “Cutting Edge Strategies in Acute Coronary Syndromes and Myocardial Infarction.” Transcatheter Cardiovascular Therapeutics Convention, Washington D.C., October 1, 2004.
90. “Broadening the Reach of Primary PCI I: Angioplasty at Non-Surgical Hospitals – From Single Site Experiences to PAMI No SOS: Personal Perspectives.” Transcatheter Cardiovascular Therapeutics Convention, Washington D.C., October 1, 2004.
91. Moderator, American College of Cardiology National Cardiovascular Data Registry Meeting: “States Exercising Quality Improvement.” American College of Cardiology 54th Annual Scientific Sessions, Orlando, FL, March 5, 2005.
92. “How to Set Up an Optimal Community Hospital Angioplasty Program.” Meet the Experts, American College of Cardiology 54th Annual Scientific Sessions, Atlanta, GA, April 1, 2005.
93. “Primary and Elective PCI with Off-Site Cardiac Surgery Backup: Rationale and Evidence (and a critique of the 2005 PCI Guidelines!)” American Academy of Cardiovascular Administrators 17<sup>th</sup> Leadership Conference, Atlanta, GA, March 10, 2006.
94. “Elective Percutaneous Coronary Intervention Without On-Site Surgery.” American College of Cardiology 5th Annual Scientific Sessions, Atlanta GA, March 14, 2006.